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CASES OF OVARIOTOMY.

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[Communicated for the Boston Medical and Surgical Journal.]

THE following sketches of operations for the removal of ovarian tumors relate to nine instances of the kind that have occurred in my practice during the last twelve months. Other cases of mine, of previous date, I intend publishing at a future day. I should have published them before, had I not reason to suppose that, before this, some account of them might appear from another source.

CASE I.—Miss D., of Dedham, 25 years of age, unmarried, of healthy, but delicate constitution, discovered, some time in the course of the year 1860, a slight swelling situated in the left side of the lower portion of the abdomen. It increased slowly, but constantly, giving her the idea that the case was one of "common dropsy." In April, 1862, she was tapped, but the nature of the disease was not yet understood. Upon a return of the enlargement, she consulted Dr. Warren, of Boston. He readily made out the nature of the case, declaring it to be ovarian ; but proposed no method of cure. The December following, nine months from the first tapping, the same operation was repeated. After this, she was under the care of a homœopathic physician till she consulted me, the following March.

It being a question whether the case was such as would justify extirpation, I had no hesitation in saying that, *apparently*, it was as favorable for such an operation as any I had ever seen. In accordance with this opinion, the operation was at once resolved upon, and accordingly submitted to, on the 13th of May, 1863. There being no adhesions, or other complicated circumstance in the case, the operation was accomplished in a very few minutes. The tumor consisted of a single cyst, and, having been first evacuated of its contents, was drawn out from the abdomen through an incision not more than four inches in length, in the median line between the umbilicus and pubes. The pedicle being too short to admit of a clamp, it was

embraced in a double ligature, being first transfixed and each half tied separately. The tumor was next cut away, and the stump of the pedicle retained between the lips of the wound, with the cut surface on a level with the skin. The dressings consisted simply of three or four adhesive strips across the wound, and a compress moistened with warm water and laudanum. Upon returning to consciousness from the insensibility produced by the ether, the patient complained of severe pain in the back, attended with sickness and vomiting. This being no unusual occurrence in similar cases, it occasioned at first no special anxiety; its persistency, however, and increased severity, notwithstanding large and repeated doses of morphine, led to the suspicion that the cause of the difficulty might be in the fixed and stretched condition of the pedicle. I therefore cut away the stitches that held it to the integuments, allowing it to drop within the peritoneal cavity. The relief was instantaneous, and followed by several hours of quiet and refreshing sleep.

For four days following the operation, the condition of the patient was most satisfactory; on the fifth, she became feverish, and complained of pain in the lower part of the abdomen. It was soon relieved, however, by a sudden and unexpected discharge from the wound, of a large quantity of offensive matter, occasioned, probably, by the necessary sloughing of the ligatured portion of the pedicle. This discharge continued, in a greater or less quantity, for several weeks, but in no essential degree interfering with a regular improvement, which finally resulted in perfect recovery.

Case II.—Mrs. W., of Wayland, 36 years of age, of good constitution, but had never borne any children. Ovarian enlargement was first noticed thirteen years ago, but occasioned no great inconvenience till within the last five or six years. During this period it affected her health seriously—as she expressed it, "taking her strength and her life away." She once consulted Dr. Hayward, of Boston, but had no encouragement to submit to an operation. As for medical treatment, she wisely avoided it altogether.

About the first of June, I was called upon to examine the case, and give my opinion as to the expediency of the operation of extirpation. I judged the case favorable for a good result. On the 20th of the same month, the operation was accordingly performed. The tumor consisted of a single cyst, containing nearly 50 lbs. of watery fluid, perfectly limpid, and without albumen. The method of operating was precisely the same as that described in the foregoing case. Weight of tumor, including fluid, about 50 lbs. The recovery in this case was uninterrupted by a single unfavorable symptom. She left her bed in four weeks—and in ten weeks, visited her neighbors. She now writes me, March 22d, 1864,—"It is now just nine months since the operation, and I am perfectly well, though I have not entirely regained my strength."

CASE III.—Miss P., of Plymouth, 37 years of age, of excellent constitution, and of good general health, had been suffering from an enlargement of the abdomen, for the last thirteen years, supposed to be a "common dropsy." Various and abundant medicines had been taken, but without the slightest relief.

Accidentally falling in with a young lady from whom I had removed an ovarian tumor but a short time before, she was led to suspect her own malady to be of a similar character; consequently, early in the month of September last, she called upon me for my opinion and advice in the case. The nature of the difficulty was unequivocally marked, and, so far as could be determined, it consisted of a single ovarian cyst, very large, and evidently beginning to produce the peculiar effects incidental to the advanced stages of the disease. It being also her purpose to learn my views as to the safety of an operation, I could only say that, so far as could be foreseen, everything indicated that the result of such a procedure would be successful. Several weeks after, she informed me that she had resolved to have the tumor removed; and, in compliance with her appointment, on the 15th of October the operation was performed, Drs. Jackson and Gordon, both of Plymouth, kindly assisting. Details as to the manner of operating, &c., are unnecessary—since, in every respect, they were the same as have been already given in the two preceding cases. The tumor was very large, weighing, fluid and all, about 60 lbs. One third of a grain of morphine, given the first night after the operation, constituted the entire medical treatment through the whole period of recovery. By recent information, I understand that the health of the patient is now perfect.

CASE IV.—Mrs. S., of Lancaster, N. H., a healthy lady, 31 years of age, discovered, about three years since, a small tumor in her right side, immediately above the hip bone. Its growth was slow, but constant, occasioning, at first, but slight inconvenience; but latterly, the usual discomforts resulting from the advanced development of ovarian disease: to wit, more or less pain in different parts of the abdomen, a sense of weariness, loss of strength and appetite, emaciation, &c. Some months previous to my seeing her, she consulted Dr. ———, of Boston. The characteristic evidences of the disease left no question as to its nature, and she was advised to take, as a remedy, the bromide of potassium. To the patient's inquiry as to the expediency of the removal of the disease by an operation, she was earnestly advised not to risk it. The objections to the operation were set forth so earnestly, and the chances of surviving it, if submitted to, were represented so few, that she returned home with the sad conclusion that her case was entirely hopeless. The bromide of potassium was faithfully tried, however, and only abandoned when it became quite certain it was doing no good.

Early in December, I was consulted. She had been tapped four weeks before, and relieved of 30 lbs. of albuminous fluid from a

single cyst. The beneficial effect of this operation was only temporary, the cyst having already refilled to two thirds its former size, while, at the same time, other circumstances concurred in showing that the system generally was becoming seriously impaired. The removal of the disease by an operation being the question upon which I was expected to give an opinion, I had no hesitation in saying that the case *seemed* to be one that afforded a reasonable promise of success. Encouraged by this opinion, the operation was at once determined upon. Three weeks after, I was sent for to visit the patient at her home; the next day the tumor was removed.

According to my usual habit, I commenced the operation by making an exploratire opening, between the umbilicus and pubes, merely sufficient to ascertain if there were adhesions. It was at once found that these existed, but apparently not to a sufficient degree to seriously embarrass the operation. It was soon discovered, however, as the operation progressed, that the attachments of the tumor to the walls of the abdomen were more extensive than had been supposed; also so firm as to require a good deal of force to break them down. The difficulty was overcome, however, without the use of the knife, and thus the bleeding, which otherwise might have been serious, was essentially obviated. The detaching a small portion of adherent omentum was attended with some bleeding, and required the application of a ligature. There was no attachment to other organs. The tumor was cut away after the pedicle had been first secured by a clamp. Two stitches, one above and the other below the stump of the pedicle, were all that was necessary to close the wound, which was afterwards dressed in the usual manner, with long strips of adhesive plaster, and a compress wet with warm water and laudanum.

During the first twelve hours after the operation, the patient suffered considerably from pain, especially in the back. It was subdued, however, by a liberal dose of morphine, so that by five o'clock the following morning I left her in a comfortable condition.

After this, the case went on favorably under the judicious management of her family physician, Dr. Barney; not an unpleasant symptom occurring throughout the whole period of her recovery. At present she represents herself in good health, better, even (excepting that she has not yet fully regained her strength), than for two years previous to the operation.

The important feature that distinguishes this case from the preceding ones, consists mainly in the circumstance of *adhesion*; showing, as it does, that notwithstanding this complication, the operation may result most favorably, and without the slightest indication of either local or constitutional suffering—realizing, in fact, the statement that has been sometimes made, that so long as the *vital organs* are not involved, adhesions may not be regarded as important obstacles to a good result.

On another account, this case is particularly satisfactory. Not

only has a valuable life been saved, but it has been saved by an operation most strenuously opposed.

With these constantly accumulating instances of success, it is to be hoped that the vain opposition still so earnestly waged by some against ovariotomy will soon cease; or, at least, that the operation may be allowed to hold equal favor with others whose record of results is far less favorable, yet whose legitimacy is never brought into question.

[To be continued.]

PERMANGANATE OF POTASH IN CEREBRO-SPINAL MENINGITIS.

By Dr. Isaac Kay, of Springfield, Ohio.

[Communicated for the Boston Medical and Surgical Journal.]

Having seen several articles in the Boston Medical and Surgical Journal lately upon spotted fever, or, more properly, cerebro-spinal meningitis, as it prevails in and about Boston, I am prompted to contribute a few lines in regard to its appearance here in the West. During the last six months, cases of the disease, mostly in children, have occurred in various parts of Ohio, Indiana and Illinois, and although the symptoms seem to have been essentially the same everywhere, yet the malady has been variously named by the people and physicians of the different localities in which it has made its appearance. Malignant scarlet fever, spotted fever, and cerebro-spinal meningitis, especially the latter two names, have generally been applied to it. In some neighborhoods it has carried consternation equal to that which formerly attended the visitations of cholera.

About the first of January last, this city was visited by what we now consider to be this disease, in the family of a Mr. D., whose daughter, aged 18 years, and son, aged 10 years, were attacked with violent fever and evident congestion of the nervous centres, and both died after an illness of about three days. They were both corpses in the house at the same time.

Jan. 10th, Mr. A., bridge-builder, a large, healthy, athletic man, was taken with a slight chill, soon followed with fever and pain in head and neck. In less than six hours delirium set in, which required an attendant or two to keep him in bed. This excitement in forty-eight hours subsided into a quieter form, such as low muttering and expression of strange fancies. His decubitus was on the back, with head somewhat thrown back, and the oppression of the nervous centres was such as to give him at times but little respiratory power, the tongue falling back into the throat so as to make it necessary betimes to change his position on his side. Pulse generally over 120. After treatment of the usual antiphlogistic character, he died, four days after the attack.

In a day or two after this case terminated, two of Mr. W.'s chil-

dren, of this city, were attacked with what I consider the same disease, both dying in less than forty-eight hours.

Shortly after the death of these two cases, Mr. Williams's family, of this place, was invaded, and in about one month *five* of his children, all under 13 years of age, died, one after the other, with intervals of one, two, four, seven, eight, and ten days.

During the progress of the last mentioned cases, the child of Mr. D. died suddenly, and a post-mortem examination of the case was made, conducted mainly by Dr. Dunlap, of this city. This examination revealed an excessively engorged state of the meninges of the cerebellum, medulla oblongata, and cervical portion of the medulla spinalis. The appearance of these parts was such as confirm the pathologists who have named the disease cerebro-spinal meningitis.

One peculiar symptom in most of these cases among children, is the great rapidity of the respirations, sometimes ranging from eighty to one hundred and ten per minute. In most of the cases which have come under my observation, especially of children, the patient would lie with the head thrown back as far as possible, and nothing would induce them to bring it forward, until the case began to improve. Otherwise this position would be maintained until death. In regard to the management of these cases, I will merely observe that the whole catalogue of antiphlogistics, and tonics, and various preparations of chlorine, were used, without, as I think, any beneficial result. That the treatment used was ineffectual to a very distressing degree, may be appreciated when I state that out of the first twenty cases in this city and vicinity, only one recovered, and that, too, with deafness and other serious impairment of the system. In the case which recovered, copper-colored spots about the size of a split pea made their appearance on the second day, and remained on the body for nearly two weeks. These spots in many cases did not become very distinct until after death. But they were so often absent altogether, as to make the name of spotted fever quite objectionable in point of truth.

After these first twenty cases had occurred in and about Springfield, and terminated as stated, I was called to see Mr. George Johnson, aged 22 years, and a member of the 44th Ohio Volunteer Infantry, who was seized with a strange and to him unusual sense of oppression in the head. In a few minutes after the onset of these feelings, he fell senseless upon the floor and had to be carried to bed, where he remained for thirty-six hours, most of the time so wildly delirious as to require several persons to keep him in bed. In a few hours after he was carried to the bed, the lungs began to labor under unmistakable symptoms of intense congestion. Breathing was very difficult, and large quantities of very bloody mucus were thrown up by a hurried cough and spasmodic emesis. At the suggestion of Dr. Dunlap, who was called upon to see the case with me, the patient was given the solution of permanganate of potash, one grain to the

ounce of rain water, of which solution one tablespoonful every hour was given. The vomiting ceased almost immediately, and the brain, in less than one hour, was considerably relieved of congestion, and the patient, after lying for three days in a partially delirious state, began very rapidly to recover, and in five days could walk about the city. Permanganate of potash, in the dose above mentioned, every hour, with occasional doses of opium to quiet the delirium, and an application of cold, wet cloths to the occiput and over the cervical vertebræ, constituted the only treatment.

The next case in which this treatment was used, was that of Milton Cole, aged 18 years. He was attacked with a slight chill and darting pains through the brain, which in a few hours rendered him quite delirious. The pain finally settled into the back part of the brain, and in the region of the cervical medulla spinalis, drawing the head back upon the neck. Pulse 130 per minute, and delirium almost equal to mania a potu. Numerous efforts were made to vomit, but little was thrown up. During the first two days there were cramps of the legs and constant changing of position in the bed, and from the bed to the chair, and a desire to go out of doors. A homœopathist was called in to see him on the first day, and pronounced it "typhoid fever of the brain," and said that he would undoubtedly die. Immediately upon seeing him next day, I commenced giving him the solution of permanganate of potash every hour, alternating with half a grain of opium until the patient was quieted, after which the solution was continued alone until the delirium required the nervous sedative. This treatment alone was pursued for one week, when all the unpleasant symptoms left him, and a rapid convalescence followed.

Since the adoption of this treatment here, the statistics show that over three fourths of the cases have recovered. One thing we observed particularly in regard to these cases, viz., a great intolerance of purgatives. On account of this intolerance, we deemed it better to let the patient go for three or even four days without a movement of the bowels, rather than resort to cathartics. No harm seemed to result from this course, and, notwithstanding the large quantities of opium used, we found one tablespoonful of castor oil sufficient in all cases to move the bowels. Castor oil, with a small quantity of turpentine, was given frequently after convalescence had set in, to clean off the tongue, which was generally covered in the centre with a heavy brownish coat, with red glazed edges.

These crude and imperfect notes and remarks are thrown out to the profession for what they may be worth, and with the view of eliciting still further observations on a disease which is causing some panic in various parts of our country.

ON A CASE OF SPONTANEOUS THROMBOSIS IN THE LEFT FEMORAL AND SAPHENA VEIN.

By H. M. Tuckwell, M.D.

A. B., aged 33, has previously enjoyed good health; during the past year has allowed himself but little rest in his profession, and has become thoroughly overworked. His present illness commenced about a month ago with severe pain in the head, which lasted five or six days without intermission, and left him much weakened. The pain then shifted to the loins, and continued there for two weeks, during which time he was extremely depressed and unable to get about. At the end of this time, rather more than a week ago, he was attacked suddenly in the night by a violent pain in the right side, which seems to have been purely neuralgic, for no signs of pleurisy could be detected at the time; this pain continued for three days and nights, during which time *he lay continually on the left side*, without sleep, and taking no food, till, on the fourth day, it left him almost as suddenly as it had come on. On attempting now to change his posture he found that the left leg was quite numb, that sensation began to return after rubbing the leg for a time, but that, with returning sensation, there came on an intense pain in the lower part of the leg, more especially in the calf; that he soon observed the leg and foot beginning to swell; that the swelling gradually involved the whole leg, and extended up the thigh to the groin, the pain becoming generally diffused and intensified as the swelling extended and increased. I saw him on the fourth day after the swelling had commenced, when the following appearance presented itself:—

He is extremely prostrate, unable to raise himself in bed; the eyes hollow; the voice low and changed: skin generally cool, except that of the left leg, which is abnormally hot; pulse 60, very small, thready and irregular, intermitting at every third beat; thorax generally resonant on percussion; respiration feeble, but free from any morbid sound; urine natural. The left leg, from the groin to the toes, is enormously swollen, pitting everywhere deeply on pressure, its surface is hot and very sensitive; an indistinct hardness can be felt through the œdema along the course of the femoral and saphena vein as far as Poupart's ligament, above which point it cannot be traced; beneath the œdematous integuments large superficial veins are seen ramifying along the anterior and outer aspect of the thigh.

Diagnosis.—Thrombosis of saphena and femoral, perhaps of external iliac vein.

Treatment.—To relieve the pain, cold was applied to the whole limb in the form of evaporating lotions, and the limb was supported on pillows. Small quantities of brandy and wine were administered, with milk and beef-tea.

On the day following, Mr. Savory saw the case with me, and gave me the benefit of his valuable opinion. He fully concurred in the

diagnosis, but advised that the leg should be wrapped in cotton-wool, and pressed upon me most forcibly the necessity of increasing the quantity of stimulants, bidding me, to use his own words, "measure the quantity not by the glass or bottle, but by the effect produced." From this time, brandy, rum, port, sherry and champagne were given every two or three hours day and night, till, on the sixth day from the time that I first saw him, he was taking, in the twenty-four hours, brandy, ʒ zij.; rum, ʒ xij.; wine, ʒ xx. The effect of this on the pulse was as follows:—It rose from 60 to 94, the intermissions at the same time becoming less frequent, and the volume better and better, till, on the tenth day from the time that the stimulants were first given, and while he was still taking the above quantity, *it fell to* 84, and ceased to intermit. His general condition improved, *pari passu*, with the pulse. At the request of the patient, I returned to the cold applications, after having made fair trial of the cotton-wool, and found that it made the leg uncomfortable, while the cold relieved the pain in a marked degree. On the twelfth day, the pain having quite subsided, while the swelling remained unchanged, the leg was carefully rolled in flannel bandages, moderate pressure being at first employed and gradually increased, and it was swung from a fracture cradle, with the foot slightly raised. This was continued during a period of seven weeks, at the end of which time the swelling had entirely disappeared. It may be remarked, that the œdema subsided rapidly for the first week after the application of the bandage, but then seemed, for a time, to remain stationary, and was at last slowly removed. The quantity of stimulants was gradually reduced after the fourth week.

He has now recovered his health, can walk two or three miles in the day, but still finds, after a walk, that the leg and foot feel heavy, and that the veins in the foot become, in spite of a lace-stocking, considerably distended. There is now nothing abnormal to be felt or seen in the thigh in the region of the large veins, nor is there any visible enlargement of the superficial veins there.

Remarks.—The occurrence of spontaneous coagulation in the living veins, simply as a result of nervous debility, independently of the puerperal state, of fever, or of any wasting organic disease, as phthisis, cancer, etc., is, seemingly, a rare phenomenon. On reading through Virchow's masterly paper on the subject, I cannot find, among the many cases of thrombosis there enumerated, one exactly similar; nor is there in Cohn's monograph one case in which there was not either some organic disease or fever to account for the coagulation. Not that I wish to instance this case as one whose pathology is distinct or special, for the so-called "Marantischer Thrombus" of the Germans, or clot that forms in wasting diseases, is, as Virchow has shown, dependent primarily on the same cause,—an enfeebled state of the heart's action; but the disease here presents peculiar in-

terest, in that there was an absence of any dyscrasia or fever which might be supposed to give rise to the formation of a thrombus by altering the composition of the blood; it shows that to a feeble heart alone may be attributed all the symptoms and signs of the worst form of "phlegmasia dolens." It may be urged by some, in contradiction of this assertion, that phlebitis was here the real cause of the coagulation; but a careful observation of the way in which the disease showed itself seems to me to afford convincing evidence that no phlebitis whatever was present, and thus to confirm still further the doctrines of Virchow. The rapid development and extent of the swelling certainly point to a primary obstruction of the main venous trunk in the thigh. Now, if this obstruction had been due to phlebitis, surely the first symptoms of pain and swelling would have been noticed in the immediate neighborhood of that venous trunk, whereas nothing of the kind was observed. The swelling and pain commenced in the leg and foot, and extended, last of all, to the thigh; nor was there at any time marked pain, along the course of the obstructed vein, distinct from that felt all over the leg. Besides, the general symptoms were not those of an acute inflammatory process; the skin of the body, generally, was cold, and the pulse quite unlike that of inflammation. The conversion of the saphena and femoral vein into a solid tube by coagulation of their contents, is quite sufficient to account for the hardness felt along their course.

John Davy and Gulliver were the first to notice the frequent occurrence of clots of this kind in the veins of those who had suffered from chronic diseases, with failing circulation and great prostration of the vital powers. After them, Hasse and Bouchut turned the attention of pathologists still further in this direction. But to Virchow must be awarded the largest share of praise, for he it was who first cleared away the mists which enveloped the whole subject; he showed, by repeated experiments and post-mortem examinations, that the doctrine of phlebitis, first promulgated by John Hunter, is erroneous; that the coagulation is not preceded by inflammation of the vein, and that there is no exudation on the free surface of its inner coat which determines coagulation; but that, through failure of the heart's power, the blood current is retarded and finally stagnates, and that the starting-point for coagulation is at the point of junction of the valve with the wall of the vein, the valve here (like the chordæ tendineæ in the heart) acting as a foreign body, and furnishing a centre round which the stagnant blood coagulates.

It is worthy of notice that, in circumstances predisposing to thrombus formation, a long continuance in one posture seems to favor the occurrence of the phenomenon, and that the side to which the patient inclines is often the side on which the clot forms. Virchow dwells upon this, and relates cases which corroborate the statement. Cohn has observed the same; he mentions one case in particular—a case

of Bright's disease with effusion into the right pleura—where the patient lay continually on the right side and right arm, and where the whole right arm became œdematous from the formation of a thrombus found after death in the subclavian vein.

The contingencies to be feared in these cases are, first, that the heart may not be able to recover itself, and that death by asthenia may follow rapidly; secondly, that erysipelas may set in, followed by diffuse abscess, or even gangrene; thirdly, that a portion of the clot may be detached and washed into the pulmonary artery, causing sudden death; fourthly, that the clot may undergo the so-called retrograde metamorphosis, may soften and break down in its interior, and that this softened, ill-conditioned fibrine may be carried into the general circulation, and cause death from pyæmia. The heart must regain its lost power, and the clot must undergo a healthy process of organization, before anything like a favorable prognosis can be given.

The question then arises as to how the circulation is re-established; the answer to which is, by the formation of collateral channels, if the vein be completely obliterated by the organized clot. But it may also happen that the canal of the obstructed vein may in part reopen; that the clot, during the process of organization, may shrink away from one wall of the vein as it becomes adherent to the other; and that the blood may flow on again in its original channel, now of necessity much narrowed by the changes that have taken place. It is probable that the latter has occurred in the case related, from the fact that there are no large superficial veins visible.

The circumstances of principal interest in the treatment employed are, the beneficial effect of cold, the value of pressure, and the necessity of stimulants.

The application of cold—a remedial agent so largely employed in Germany—is strongly recommended by Virchow as the best and often the only means of alleviating the terrible pain that follows the sudden obstruction by an embolus of one of the large arteries of the extremities. The relief it afforded in this case was most marked. Pressure carefully applied and gradually increased by means of a flannel bandage—a plan of treatment employed by many obstetric physicians in the later stages of the puerperal phlegmasia dolens—was here, too, attended with good results. The rapid and manifest improvement in the general condition of the patient, and the restoration of the heart's power in proportion as the quantity of stimulants was increased, sufficiently indicate their importance in the treatment of such cases. And, surely, if alcohol acts thus beneficially after the mischief has been done, we cannot avoid the reflection, that the free use of alcohol in wasting diseases may often avert the mischief altogether, and that the stimulant plan of treatment has, at any rate, this much to be said in its favor, that it tends to prevent the formation of thrombi. In the history of this disease we have, certainly, one

satisfactory example of the way in which a real advance in pathology leads to a corresponding advance in therapeutics.—*Medical Times and Gazette.*

[The preceding article has been transferred to our pages of selected papers on account of its practical interest, and that we might call anew the attention of readers to a class of important cases, to which that above recorded belongs, and instances of which now and then occur with disastrous results in the practice of every physician.

Sudden death from fatty degeneration of the heart is but a single consequence of the influences which, operating in a less degree, produce results similar to those recorded by Mr. Tuckwell. A number of striking instances have been related in this JOURNAL, on various occasions, where patients died suddenly, or came near it, solely from the inefficiency of the muscular power of the heart to propel the blood to the brain, the syncope consequent thereon terminating fatally or nearly so. Other cases illustrating this mode of death have from time to time been reported as following the sudden rising from the recumbent to a sitting posture of females recently confined; the muscular force of the heart, weakened by the exhaustion incident to pregnancy and its attendant loss of blood, proving unequal to the task of the circulation; or, what practically amounts to the same thing, the volume of circulating fluid being greatly diminished and altered, becomes an inadequate stimulus to the heart, which thus fails to drive the blood to the brain, against gravity, in sufficient quantities for the sustenance of the nervous influence upon which its contractile power depends; syncope, therefore, takes place and not unfrequently proves fatal. Mr. Tuckwell points out in his paper other accidents consequent upon this condition of the heart. In the case narrated, an arrest of a portion of the circulation was produced by the influences we have described. The bearing of these upon the production of phlegmasia dolens is also distinctly alluded to. As interesting in this aspect of the subject, we desire to mention the following case.

A patient, recently under our charge, was confined in November last. Naturally healthy and robust, the care of children and household responsibilities, none of which her energetic disposition would allow her to delegate to others, had enfeebled her health and reduced her strength to a state ill qualified to bear the further exactions of an increasing family, or to resume at so early a period as inclination prompted her domestic duties. After a slow convalescence, and contrary to advice, she again, however, returned to her active habits, long before her anæmic and exhausted condition warranted. Early in February a small felon formed on one of her fingers; a fortnight later, a little, indolent abscess gathered in one of her breasts, and a week afterwards she complained of pain and swelling about her ankles. On examination, several tender and indurated nodosities were

detected in the course of the superficial veins of both legs, below the knee, chiefly in the vicinity of the ankle. These were sufficiently raised above the surface to be visible in profile, surrounded by a circumscribed deposit of lymph, pitting upon pressure and marked by a trifling redness, which subsequently became slightly ecchymosed. This condition was unaccompanied by any febrile or constitutional disturbance; the nodules persisted and multiplied for some time, being aggravated by the least attempt at walking or even by allowing the feet to hang down. Rest and tonic treatment, with the application of tincture of iodine externally to the knots, at the end of six weeks, arrested the further development of these swellings, none of which threatened suppuration or indeed manifested any signs of active inflammation. An indolent tumefaction continued to mark the seat of each tumor which appeared. These phenomena, constituting what is described by Cruveilhier as "adhesive phlebitis," are not of common occurrence, and, we are led to think, not really of the nature of phlebitis at all, but due rather to a stagnation of the blood, or, in other words, that they are "spontaneous thrombosis," in a remote part of the circulation, from sheer inability on the part of the heart to propel the blood through its entire circuit. The condition of our patient's pulse, which was very weak and small, the feebleness of her heart's action, her anæmic condition and generally impaired health, as shown by the felon and abscess, together with the extent to which she was upon her feet, justify this theory of the symptoms, especially in presence of a case like that which has served us as a text, and in the light of the discussion which is there elaborately entered into. It is not difficult to imagine, in a subject like ours, that, had the symptoms been carried one degree further, much graver consequences would have been the result.

Occurring insidiously, in convalescents, or in delicate persons enjoying their usual degree of health, characterized by grave and sudden manifestations, the events liable to attend enfeebled action of the heart, whether from fatty or other degeneration, cannot be too frequently present in the mind of the physician or too earnestly brought to his notice.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

April 11th.—*Cerebro-spinal Meningitis.*—Dr. Ellis reported the following case.

On April 4th, a young man, 17 years of age, came home from a store in which he was employed, with a slight headache, but as he had been subject to this for several years it attracted no particular attention. In the evening, however, it increased, and was followed

by vomiting during the night. He continued about the same through the following day, and sat up long enough to have his bed made; but that evening he made strange answers, and sat up in bed. A homœopathist was called, but before his arrival the patient was attacked with spasms, which continued till towards morning, when the patient died suddenly, thirty-six hours after the commencement of the disease. The symptoms were attributed to poisoning, and no medicine was given.

At the examination, made on April 6th, at 4, P.M., the arachnoid was found dry, and the convolutions somewhat flattened. There was no perceptible change in the cerebral substance, nor effusion into the lateral ventricle. The pia mater of the brain and spinal cord was opaque and infiltrated with thin pus. No apparent change in the tissue of the spinal cord. The bladder contained a large amount of urine. The spleen was somewhat enlarged.

Although the amount of pus was not so great as in some cases, the appearances were unequivocal. The short duration of the case may perhaps explain the limited development of the disease.

April 11th.—*Cerebro-spinal Meningitis.*—Dr. Coale reported the following case.

E. B., aged 14 weeks, a hearty infant, about Jan. 27th was observed to be restless and fretful, and to throw herself backwards frequently. Gradually her habitual position became one of flexion of the spine backwards, particularly in the region of the neck. She was brought to Boston and put under Dr. C.'s care Feb. 10th, just two weeks after the first signs of the attack. He found her lying on her side, the head bent backwards. The spine was also curved. The pulse was 100, regular. The bowels somewhat costive. There was no twitching of the limbs, no distortion of the face, or squinting. The pupils were contracted. This state of things continued without alteration, except an increase in the intensity of the symptoms. Death took place Feb. 19th, twenty-three days from the first appearance of the disease. At the time of death there was thorough opisthotonos, the trunk being bent backwards in the form of a semicircle. There was no discoloration or any spots on the skin. The treatment consisted in alteratives, and revulsives to the spine, but without effect.

April 11th.—*Typhoid Pneumonia.*—Dr. H. K. Oliver reported the case.

The patient was a gentleman, 40 years old, a native of Madeira, but a resident of St. Thomas, whence he came to Boston to buy goods. He had suffered from chills and fever, contracted at St. Thomas, and his health was somewhat affected thereby. The present attack began March 27th. When seen, April 1st, he was restless, with high fever, pulse strong, full and quick, skin hot and dry, tongue dry, but with only slight coat on centre and back, and pain in the thighs, which last was the chief source of complaint. No cough. Examination of the lungs, heart and abdomen revealed nothing. No pain or other symptoms pointing to any internal organ. On the 2d and 3d he had rather less fever, but was otherwise much the same. No sleep, and was excessively prostrated. The night before the 4th he was very restless, and delirious, throwing off the bed-clothes. He had a typhoid look about the mouth. Tongue as before. Bowels contracted rather than swollen. No spots of any kind on chest or abdomen. No signs

found in chest. He was in continual motion, picking everything off the bed. The following night he was more quiet, though there was no return of consciousness. On the 5th the bowels were free, urine passed freely in bed; pupils natural; hiccough this day and the evening previous. He had a little cough, with expectoration, some of which was rusty and some milk-white, very dense, semi-membranous, without air-bubbles, and in long, thick masses. On account of his prostration, the chest was not examined. Pupils natural. On the 6th he was weaker, but quiet. Pupils contracted. Breathing labored. Tongue as before. He was totally unconscious, and had a sunken look. Pulse quicker and weaker. An examination of the chest revealed dulness on percussion and bronchial respiration in the upper part of the right side, in front and behind, with mucous and occasional peculiar flapping rales. The lower half was normal. Some of the urine was sopped up with a sponge from the bed, and, on examination, was found to be turbid, neutral, sp. gr. 1020, containing a considerable quantity of albumen, a normal amount of urea, and a trace of chlorides only. There was a heavy deposit of epithelium, but no casts were seen. The patient died at 2, P.M. There was no *post-mortem* examination. The treatment consisted in laxatives and diaphoretics in the beginning, and immediately afterwards quinine, beef tea, Dover's powder, carbonate of ammonia, brandy, &c. Dr. Warren saw the patient in consultation.

April 11th.—*Disease of the Heart and Aorta; Intestinal Hæmorrhage.*—Dr. Ellis showed the specimens, which came from a patient of Dr. Clark. He was a man about 52 years old, a German, and a grocer by trade. For more than a year he had suffered from palpitation; pain in the region of the heart, extending through to the back and down the arm; dyspnœa on mounting stairs, &c. Six months ago he began to have dropsy of the abdomen and legs, which increased until his death, although he was twice relieved by diuretics, so as to be able to go out—the first time by an infusion of pumpkin-seed, the second time by elaterium. Shortly before death he was attacked with intestinal hæmorrhage, which carried him off. The sounds of the heart were less distinct than usual, but there was no souffle.

At the examination, the aorta was found markedly dilated, but the most interesting change was found in the intestine. A limited extent of the large and small showed most unequivocal signs of hæmorrhage into the parietes, the tissues being perfectly crowded with blood. These points were undoubtedly the source of the hæmorrhage which terminated the patient's life.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURDSAY, JUNE 9, 1864.

Annual Report of the City Registrar.—The report of the Births, Marriages and Deaths in Boston during 1863 has been carefully prepared by our excellent Registrar, Mr. Apollonio, and presents its usual store of interesting data. The same large decrease in the num-

ber of births which we noticed in the report of 1862, again at once claims our attention, and forcibly points to the presence of so many of our vigorous young men in the struggle for a free and happy country for their future offspring. The number of children born in 1863 was 5,255, a decrease of three from the number recorded the previous year, and 534 less than in 1861. Compared with the number of deaths, it will be seen that they exceed the latter only by 818, or, that were the population of Boston dependent alone upon its births for increase its growth would be slow indeed. In Wards 3, 5, 6, 7, 8 and 9, in fact, the percentage of the deaths was greater than that of the births. The table of nativity of parents "exhibits in a very clear light the materials of which the population of Boston is composed. It will be seen that there were only 1,207 children born whose parents were both native born. If half of those whose nativity is specified as 'unknown' be regarded as American, the number will then be 1,230—a decrease of 55 from the number recorded in 1862—thus showing, that only 23·40 per cent. of the children had parents that were born in the United States. The precise statement is, that no less than 76·59 per cent. of the children born in Boston during the year 1863 were of parents, one or both of whom were born outside of the United States. Of the whole number, those of unmixed Irish parentage make 45·19 per cent."

With regard to the colored population, a table is presented which shows that during the last nine years there have been as many colored marriages as colored children born, the whole number of each being 366. The number of deaths among them during the same period amounts to 611, nearly double the number of births. In 1863 the births were 62, the deaths 111. "With such results each year, it is not easy to avoid the conviction that there is little probability, in any contingency, of the Northern States being overrun by the colored race, bond or free. There is undoubtedly an instinctive repugnance on the part of the African to Northern latitudes; and the foregoing facts show very plainly the existence of physical causes, if nothing else, that bar their presence to any great extent, and which are more cogent than all opinions and theories."

The number of twin births during the year was 49: in 12 instances both children were males; in 11, both were females; and in 25, one was male and the other female.

Of the whole number of marriages, 2,322, only 280 of the grooms were born in Boston, and of them only 125 married Boston-born females. The whole number of native-born grooms was 1,183, and, if we deduct 196 who married foreign-born females, it appears that but in 42·50 per cent. of the marriages were both parties native-born. Of the brides 18 per cent. were born in Boston and 33 per cent. in Ireland.

The number of deaths during "the year 1863, was 4,699—an increase of 579 over the mortality of 1862. When it is remembered that there was a decrease in the number of the births, the increase of the mortality is a large one. Estimating the population the same as last year—182,000, which is undoubtedly near the correct number—the deaths will appear as in the ratio of 1 in 38·73, a result that is very seldom seen in the mortality record of Boston. The ratio in 1862 was 1 in 44·17. Compared with New York, Philadelphia, Baltimore and Providence (the only places concerning which the materials

are at hand to institute a comparison), Boston the past year stands in an unfavorable light. The following table will show the ratio of deaths to the estimated population of each of the cities named :—

Cities.	Population.	Deaths.	Ratio.
Providence	55,000	1,215	1 in 45·26
Baltimore	250,000	5,546	1 in 45·07
Philadelphia	620,000	14,220	1 in 43·60
Boston	182,000	4,699	1 in 38·73
New York	900,000	24,196	1 in 37·19

"The deaths in New York are reported at 25,196. This number includes the stillbirths, which are not embraced in the reports of the other cities. As the number of these cases in New York is not known at the present time, they have been estimated at 1,000 (probably not far from the actual number), and deducted accordingly. In estimating the sanitary condition of New York by its mortality record, it should not be forgotten that that city is the great entrepot for emigrants from all parts of the world, large numbers of whom arrive there in every conceivable condition of physical degeneracy. Besides this a large number of sick and disabled soldiers contribute largely to swell the bill of mortality. When all these facts are taken into the account, New York compares favorably with Boston, and shows a better record than is often made of that city. Philadelphia also compares favorably with Boston. That city has a considerable number of hospitals for soldiers within its limits, which fact should be taken into the accounts in examining its mortuary record. In that light its ratio of deaths (1 in 40·43) is not excessive. Baltimore and Providence present nearly an identical record, which shows them to be far in advance of their three sister cities." The deaths in June were 272, in August 628. "The natural increase of the foreign element may be seen by the following comparative statement of the births and deaths during the past year :—

BIRTHS.		DEATHS.	
Foreign	76·59 per cent.	Foreign	68·07 per cent.
Native	23·40 per cent.	Native	31.92 per cent.

Of the 994 who died under one year of age, no less than 698, or 70·22 per cent. were of foreign birth. No less than 73, or 7·34 per cent. of the whole number, died on the day of their birth. Of these last, 51 were children of foreign parentage. Of the 1,030 who died between 1 and 5, 780, or 75·75 per cent., were of foreign parentage. And of the 207 who died between 5 and 10, 58·93 per cent. were of similar origin." The causes of death were as follows :—Accidents, 160 ; abscess, 18 ; apoplexy, 70 ; anæmia, 13 ; aneurism, 3 ; asthma, 12 ; bladder, disease of, 10 ; blood, disease of, 3 ; bowels, inflammation of, 51 ; do. disease of, 12 ; brain, inflammation of, 20 ; do. congestion of, 80 ; do. disease of, 68 ; bronchitis, 110 ; cancer, 52 ; carbuncle, 1 ; cholera, 1 ; cholera infantum, 342 ; cholera morbus, 27 ; colic, 4 ; consumption, 795 ; convulsions, 158 ; croup, 245 ; cyanosis, 12 ; debility, 46 ; diabetes, 4 ; diarrhœa, 107 ; diphtheria, 108 ; diseases, infantile, 76 ; do. puerperal, 30 ; do. unknown, 46 ; dropsy, 112 ; do. of brain, 182 ; dysentery, 90 ; dyspepsia, 5 ; epilepsy, 12 ; erysipelas, 16 ; ex-

posure, 1; fever, bilious, 4; do. scarlet, 130; do. typhoid, 130; gangrene, 15; gastritis, 22; hæmorrhage, 16; heart, diseases of, 135; hernia, 6; hip, diseases of, 2; homicide, 9; inflammation of leg, 2; insanity, 4; intemperance, 45; intussusception, 4; jaundice, 10; kidneys, diseases of, 25; liver, diseases of, 32; lockjaw, 1; lungs, inflammation of, 261; do. congestion of, 88; do. diseases of, 15; lupus, 1; malformation, 5; marasmus, 138; measles, 7; necrosis, 3; neuralgia, 2; old age, 94; paralysis, 66; peritonitis, 24; pleurisy, 20; premature birth, 61; purpura, 6; pustule, malignant, 1; phlebitis, 1; prostate, diseases of, 1; pyæmia, 1; rheumatism, 15; scrofula, 16; scurvy, 1; smallpox, 11; sore throat, 36; spine, diseases of, 8; starvation, 1; stomach, diseases of, 3; suicide, 9; sunstroke, 10; syphilis, 10; tabes mesenterica, 3; teething, 20; thrush, 8; tumor, 16; ulcers, 8; uterus, diseases of, 3; whooping cough, 37; worms, 1; wounds (gunshot), 13. Total, males, 2,433; females, 2,266.

Cancer, it will be observed, destroyed 52 persons, 11 males and 41 females. The parts affected were as follows:—uterus, 10; breast, 9; stomach, 8; mouth, 2; not stated, 19; abdomen, back, ear, and groin, 1 each. The birthplaces of those dying from consumption are exhibited in the following table:—"Born in the United States, 315; in Ireland, 363; England and Wales, 18; British American Provinces, 52; Scotland, 10; Germany and Northern Europe, 5; other foreign places, 9; children of foreign parents, 23. It will be observed, that 59·12 per cent. of those that died from this disease were foreign born. Those born in Ireland make 45·66 per cent. of all the deaths from this cause, and 75·62 per cent. of those that were foreign born. Of the 1,119 persons who were born in Ireland, 32·44 per cent. died of consumption, or one in 3·08." The deaths by the same disease in each ward were:—Ward One, 93; Ward Two, 68; Ward Three, 83; Ward Four, 8; Ward Five, 51; Ward Six, 41; Ward Seven, 84; Ward Eight, 51; Ward Nine, 37; Ward Ten, 44; Ward Eleven, 82; Ward Twelve, 110. "*Gun-shot Wounds.*—There were 16 deaths thus reported. Five of them were of soldiers wounded in battle, and the remaining eleven those that were wounded in the riot of July last—8 men and 3 females. An impression has considerably prevailed, that a large number of lives were lost in that disturbance; this is a mistake, the number killed was as above stated." There were but 7 deaths from measles, against 78 in 1862. The number of stillbirths was 322.

Dedication of the Museum of the Society of Natural History.—The Boston Society of Natural History dedicated its new building, at the corner of Boylston and Berkeley Streets, Thursday, 3d inst.

At a quarter past 4 o'clock, the President of the Society, Prof. Jeffries Wyman, M.D., invited Rev. Dr. Hill, of Harvard University, to offer prayer.

Dr. Wyman then made a few preliminary remarks, expressive of the gratitude which the members of the Society felt for the high position now occupied by it, through the liberality of the Commonwealth and the munificent bounty of private individuals.

Prof. Wm. B. Rogers was introduced, giving a brief history of the efforts which had resulted in the beautiful edifice to which the audience were now welcomed, and paying a tribute to the patrons of the

Society deceased during the past year, Drs. Benj. Green, Geo. Hayward, and John Ware. After several unsuccessful applications, the Legislature, while the flames of civil war were lighting up the country, made the grant of land to the Society which it had asked for. For this gift to the advancement of science and the practical arts in this country, the Society was indebted to Governor Andrew, as much as to any other man.

Since the Society commenced its career, many of the great lights of science had sunk below the horizon, but other lights had arisen to take their places. It was an error to suppose that the removal of one or two men could stop the advancement of science. There is an intellectual law which controls the forces of man, and compels his progress.

Prof. Rogers spoke of the progress of the Society as affording a powerful stimulant to the student, and to those who desired to assist him. Science was the stairway by which we ascend towards the upper highway of thought, and acquire a knowledge of the laws of the Divinity.

Mayor Lincoln next addressed the assembly. He considered what had been done for the Society as advancing the honor and reputation of the city, and in the name of its citizens, bade the members Godspeed in all their honorable efforts.

Lieut. Lutke, of the Russian Navy, aid-de-camp of the Grand Duke Constantine, was here introduced to the audience, and took a seat on the platform.

Rev. Dr. Waterston followed, expressing his conviction that this Society embraced one of the highest human interests.

The exercises having closed, the assembly were invited to examine the rooms and collections.

The building—the dedicatory exercises in which we have briefly described—has its principal front on Berkeley street, where it has a length of 105 feet. On Newbury and Boylston Streets its length is 95 feet. The plan of the building is a parallelogram. The design of the building has been carried out in classic style. An order of Corinthian pilasters, of 42 feet, rests on a superstructure of freestone rustic work, 16 feet in height, under which is a granite sub-base of 6 feet.

The central part of the Berkeley Street front is somewhat in advance of the main body of the building—the principal entrance being in this portion—which is approached by a massive flight of granite steps over fifty feet in width, having buttresses on either side, of the same material, intended for the reception of life-size representations of an elephant and rhinoceros, as guardians of the portals. It is intended to cut them from blocks of freestone, quarried for the purpose.

On each of the keystones of the arched windows on the Boylston and Newbury Street sides, and also on the front, are animals' heads cut in freestone, while over the front entrance is the seal of the Society, consisting of the head of Cuvier in bas-relief, which completes the series by placing in the most prominent place a head—and that a typical one—of man.

The projecting portion of the front supports a pediment which is surmounted by the Bird of Washington, while below on friezes are the names, Aristotle, Linnæus, Cuvier—names well becoming such a position.

The main doorway opens into the principal vestibule, decorated

with Ionic pilasters, from which open the library, lecture hall, and several rooms for the exhibition of the collections of the Society. The grand oak staircase, leading to the main hall, is flanked on either side by life-size figures of bears. The main hall is on the second floor, and extends thence to the roof, being lighted principally from above. It is 40 by 80 feet, and is encircled by galleries connecting with the floors or balconies of the adjoining rooms, thus uniting and giving easy access to all parts of this immense museum. The hall is 50 feet high —a height being made up, first, of a doric arcade, and then, over this, an order of elegant Corinthian pilasters. From above the cornices of this order spring half arches, supporting the ceiling, which is panelled in a richly effective manner. The building was designed by Mr. Wm. G. Preston, of this city. The Museum will be open to the public on Wednesdays and Saturdays, from 10, A.M., to 5, P.M.—*Advertiser* and *Transcript.*

At the annual commencement of the Medical Department of the University of the Pacific, March 18, 1864, the degree of M.D. was conferred on seven candidates.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, June 4th, 1864.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	42	39	81
Ave. mortality of corresponding weeks for ten years, 1853—1863,	38.8	33.0	71.8
Average corrected to increased population - - - - -	00	00	79.05
Death of persons above 90 - - - - - - - -	0	0	0

Books and Pamphlets Received.—The Principles and Practice of Obstetrics; illustrated with one hundred and fifty-nine Lithographic Figures from original Photographs, and with numerous Wood-cuts. By Hugh L. Hodge, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania. 550 pages, 4to. Blanchard & Lea, Publishers.—Medical Diagnosis, with Special Reference to Practical Medicine, a Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M.D., Lecturer on Clinical Medicine, and Physician to the Philadelphia Hospital, &c. Illustrated with Engravings on Wood. J. B. Lippincott & Co., Publishers.—The Pathology and Treatment of Venereal Diseases; including the Results of Recent Investigations upon the Subject. By Freeman J. Bumstead, M.D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, &c. A new and revised Edition. Blanchard & Lea, Publishers.—Report of the Commissioner of Army and Navy Pensions for 1863.—An Address delivered before the Graduating Class of the Department of Medicine and Surgery, of the University of Michigan, March 30, 1864. By E. O. Haven, D.D., LL.D., President of the University.—Annual Announcement of the Medical School of Maine, Course of 1865.—Ninth Annual Report of the Births, Marriages and Deaths in the City of Providence, R. I. for the year 1863. By Edwin M. Snow, M.D., Superintendent of Health and City Registrar.

Married,—In this city, Dr. Buckminster Brown, of Boston, to Sarah Alvord Newcomb of Greenfield.

Died,—At Fort Warren, Boston Harbor, June 5th, Dr. Gideon F. Barstow, Contract Surgeon U.S.A., suddenly, supposed of disease of the heart.—In this city, May 20th, Dr. Ira Warren, 58 years 4 months.

Deaths in Boston for the week ending Saturday noon, June 4th, 81. Males, 42—Females, 39.—Accident, 2—apoplexy, 1—congestion of the brain, 5—disease of the brain, 2—bronchitis, 1—cancer, 2—consumption, 13—convulsions, 4—croup, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 3—drowned, 1—dysentery, 2—scarlet fever, 1—typhoid fever, 1—gangrene, 1—disease of the heart, 2—insanity, 1—intemperance, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 4—marasmus, 2—measles, 4—paralysis, 1—premature birth, 2—puerperal disease, 1—smallpox, 3—syphilis, 1—unknown, 9.

Under 5 years of age, 34—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 59—Ireland, 14—other places, 8.